PATENT APPLICATION FEE DETERMINATION RECORD

pplication or Docket Number

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			18				Í	RATE	FEE) 	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OŖ	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			18 _ minus 20=		. Ø		i	X\$ 9=		OR	X\$18=	,
INDEPENDENT CLAIMS			/ _ minus 3 =		d		,	X40=		OR	X80=	·
MU	LTIPLE DEPEN	DENT CLAIM PE	RESENT		15.6			+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2						l	TOTAL	355.0		TOTAL		
CLAIMS AS AMENDED - PART II								OTHER THAN				
	marked in the mark of the start of participation processing	(Column 1)		(Colu		(Column 3)	1 .			OR	SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus .	***		=		X40=		OR	X80=	
L_	FIRST PRESE	NTATION OF MI	JLTIPLE DEP	ENDEN.	T CLAIM			+135=		OR	+270=	
								TOTAL			TOTAL	
	(Column 1) (Column 2) (Column 3)									OR	ADDIT. FEE	
		(Column 1) CLAIMS	332 733	HIG	HEST	(Column 3)	1 1		ADDI-]		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T O: AD4	=		X40=		OR	X80=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
							٠ ١	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)				_		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	* .	HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	7
ME	Independent	*	Minus	***		=		X40=	÷		X80=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM]	7,40=		OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+135=		OR	+270=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		nber Previously Pa					er fo	und in the app	ropriate box	k in co	lumn 1.	